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. . . . The 190th meeting of the CIA RETIREMENT  
BOARD convened at 2:00 p.m. on Thursday, 28 September 1972, with  
the following present:

Mr. Harry B. Fisher, Chairman

25X1A

[REDACTED] OP Member  
[REDACTED] Member  
[REDACTED] T Member  
[REDACTED] DDS Alternate Member  
[REDACTED] Legal Adviser  
[REDACTED] cal Adviser  
[REDACTED] DD/Pers  
[REDACTED] cutive Secretary  
[REDACTED] Recording Secretary

Guests:

25X1A

[REDACTED] In the case  
[REDACTED] In the case

MR. FISHER: Our first case is [REDACTED]. 25X1A

We have the following statement from [REDACTED], who is his 25X1A  
supervisor [REDACTED] (Reading) 25X1A

25X1A

25X1A

"Mr. [REDACTED] is a mature and experienced communicator  
with a technical knowledge considered to be above average. However, Mr.  
[REDACTED] abilities to meet job requirements has been significantly and  
adversely affected by an ailing back condition.

25X1A

25X1A

"On 28 May 1970, Mr. [REDACTED] underwent surgery to have  
a ruptured disc removed from his spine. Since the operation, Mr. [REDACTED]  
has continued to suffer pain, has been required to use excessive amounts of  
sick-leave, with no noticeable improvement in his condition.

25X1A

25X1A

"I have monitored Mr. [REDACTED] actions and there is no  
evidence that Mr. [REDACTED] disability is in any way a result of his own  
vicious habits, intemperance or willful misconduct. "

25X1A

And then we have [REDACTED] statement in his submission  
when he applied for disability retirement, 19 May 1972: "Back problem  
beginning in 1962 got progressively worse until in May of 1970 I underwent  
spine surgery, having a ruptured disc removed at the L5-S1 level. Nerve  
root compression from the disc herniation was severe and I am still  
undergoing progressive recovery from impingement on the S1 nerve root.  
Condition is aggravated by controlled environment in which I work. "

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That was the package that went forward to the OMS. The Report of the Board of Medical Examiners to the Director of Personnel, dated 20 September 1972, states as follows: "The Board of Medical Examiners considered the total information, including the statement from the consulting physician, his supervisor's statement, the medical history and medical record, and the reports of recent examinations. The Board did not find the Subject sufficiently impaired to warrant medical disability retirement, and it is recommended that the application be disapproved. The application could be reconsidered in the event that new or additional evidence is submitted."

All right, Charlie, do you want to take it from there?

25X1A

[REDACTED] We have a summary, if you would like that read. However you want to proceed.

25X1A

MR. FISHER: Yes, please.

[REDACTED] I might say, to begin with, that he has two separate back problems as far as we're concerned. One is what residuals exist secondary to the low back surgery, which are minimal at this time. And a different back problem, which is in his upper back and neck, which is the source of his pain difficulty now, and this problem with his upper back we feel, and all the physicians who have seen him feel is a treatable and correctible condition -- and this is the principal one that he says is the cause of his disability at this point.

MR. FISHER: Now, just so that I understand that, where is the S1 nerve root.

25X1A

[REDACTED]: That is in the low back. His symptoms when we examined him were all in this area - the shoulders, the upper back, and the neck.

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MR. FISHER: In his mind does he think that it's all related to that?

25X1A

[REDACTED] Yes, I think he probably does.

25X1A

He is a 39 year old Communications Technician assigned to [REDACTED] with 17 years Federal service, 13 years with the Agency, 8-plus years overseas. And some of this is repetition of what you just said, Harry, so I'll skip that part of it.

A review of his record reveals that he was first seen in the OMS dispensary in September 1962 because of a low back pain. On 28 May 1970 he had surgery for a ruptured disc in the low back. It was noted that nerve root compression from the disc herniation was severe and recovery was still taking place 10 months later.

During a physical examination on 1 February 1972 examiner noted that he had used about 1,000 hours of sick leave in the past two years because of a back problem. Mr. [REDACTED] stated that his 25X1A symptoms had continued since surgery, and there was also a history of pain in the neck, shoulders, and chest brought on by exposure to air conditioning. The physical examination at that time revealed some over weight, some minimal neurological findings, and an elevated blood cholesterol. The examining physician recommended x-ray studies, orthopedic consultation, and consideration of psychiatric evaluation. The x-ray studies at that time of the cervical spine and lumbar spine showed some narrowing of the intervertebral disc space at the L5 - S1 level -- and that is down in the low back. There was noted to be straightening of the normal lumbar lordosis, suggestive of muscle spasm.

The orthopedic consultation, which was primarily concerned with the symptoms in the upper back, revealed an impression of recurring muscle irritation, which should respond to the application of heat and an analgesic - specifically probably Aspirin.

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In February 1972 a consultant in rheumatology found the same diagnosis in regard to the upper back and recommended Valium followed by injections of xylocaine and steroids and, if these measures were not effective, then a program of physical therapy.

25X1A

Mr. [REDACTED] was interviewed in late July to update the previous findings of February 1972. He had some residuals from the surgery of 1970 but these were minimal. He complained of discomfort in the upper back dating to 1962 and 1969, manifested by aching of the neck, the shoulders, and then radiation into the arms. This syndrome is triggered by circulating cool air and is relieved when he goes home, where he uses no air conditioning, and with bed rest.

As a part of his evaluation recently in terms of retirement application he was referred to a consultant in Neurological Surgery, whose opinion was: "The neurological examination is normal except for the residuals of a ruptured lumbar disc for which he was operated on in 1970. There are no physical findings in the region of the neck, shoulder girdle, or back, where he has pain. As detailed in the history, his pain appears to be directly related to exposure to air conditioning. This is not uncommon; the unusual thing is the severity of his pain and the degree of disability caused by the pain. Recommendation: I would recommend that the next time he develops pain sufficient to cause him to stay off from work he be examined by a physician in the Medical Department and it would be also helpful if he could be examined by me during the same period to get an additional independent evaluation. I would classify the condition as myofibrositis precipitated by body chilling."

25X1A The recommendations by this physician and consultant in rheumatology were discussed with Mr. [REDACTED] about the possibility of injections and physical therapy. He stated he did not feel like driving the 70 miles to have treatment when he had symptoms. I gather he lives down

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[REDACTED] also seemed somewhat undecided<sup>25X1A</sup>  
to what he will do and how he will live following retirement. However, he indicated he really did wish to continue in Agency employment.

25X1A Mr. [REDACTED] was seen by the psychiatric staff, as a part of the retirement evaluation, September 5, 1972. The interview was summarized as "no disease found." The Board of Medical Examiners convened on 20 September 1972 to consider the total information -- and you (indicating Mr. Fisher) have read our findings -- we sent a memorandum to your office.

So again in summary I think the man has two separate problems, one of which is the minimal residual from his surgery, and the second is this muscular problem in his upper back which is treatable, for which he could be relieved, and which I think, under that basis - and the Board certainly felt strongly - he was not a candidate for a permanent disability at this time.

MR. FISHER: Again just to be sure I understand. He really applied for one problem, but even when he came to you his complaints were about an upper back problem, which is treatable?

25X1A [REDACTED] Yes.

MR. FISHER: Do you feel that this business of working in an air conditioned environment is something that will continue to give him trouble? or something that he should try to stay away from?

25X1A [REDACTED] I think this is the trigger mechanism that sets this acute pain off, and when he is out of an air conditioned area he has

25X1A no pain.

[REDACTED] What would happen in the winter when he's outside? would that cold trigger it too?

25X1A [REDACTED] Apparently it has not. He claims it's only inside where there's air conditioning where there's this constant circulation. But the unusual aspect, as one of the consultants noted, is the severity of the pain he feels.

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25X1A

[REDACTED] It is conceivable that the severity is sufficiently strong in either one or both of these instances to prevent him from working when he has these attacks?

25X1A

[REDACTED] Oh yes. Oh sure. No question about it.

While he is having them?

Oh sure.

[REDACTED] Is this the sort of ailment that you can treat to the point that you can entirely cure a patient?

25X1A

[REDACTED] It's possible in a high percentage of cases, yes.

MR. FISHER: I'm not sure where we stand on insisting that somebody take treatments --

25X1A

[REDACTED] We struggled with this during the Board meeting, too.

MR. FISHER: But without the treatment is he temporarily disabled, given the circumstances under which he must work?

25X1A

[REDACTED] I don't think so. I don't think so.

[REDACTED] I think that's the point. Because if a man has a condition that could be corrected with surgery but without surgery he is disabled, you can't force him to get that condition corrected. And we did have such a case - the man is disabled and draws benefits. So if this man's condition could be relieved with treatment, that's one thing, but if he is not getting that treatment and is now temporarily disabled he is a candidate for retirement. The big question, then, is: is he now temporarily disabled?

25X1A

[REDACTED] At the times he has been examined by both consultants and in our office he was free of symptoms.

25X1A

[REDACTED] But why would he come in when he's free of symptoms?

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MR. FISHER: It was at the Board's request he was brought in.

25X1A [REDACTED]: But when he has symptoms we would like

to see him - both our office and one of the consultants, and try some of these treatments on him. But his response was he couldn't drive the 70

25X1A miles. Well, there are cleared people in [REDACTED] that we could refer

25X1A him to, that service [REDACTED] so that he doesn't have to come all the way to Washington. But on the one hand he says he doesn't want to retire, and on the other hand he says he doesn't want to do anything about his back. We feel it's a treatable condition. And we had the same problem, Ben, that you raised. I can't answer it myself. I can only give you the Board's view as to how they felt about it from the medical standpoint.

MR. FISHER: I know I seem to be pushing the same point, but I guess you have answered that he is not taking treatment and yet when you saw him he was symptom free -- so that we can't even say that without treatment, working in this controlled environment he is partially disabled.

25X1A [REDACTED]: I'm not following your line of thinking here.

MR. FISHER: Assuming that he doesn't want to take treatments, if he must continue to work in an air conditioned environment you still have no reason to believe that continuing to work in that environment, and without treatment, that he would suffer a type of disability? would that disable him from doing his job?

25X1A [REDACTED] It obviously has, if he has taken 1,000 hours' sick leave.

25X1A [REDACTED] He is on leave without pay now.

[REDACTED] But also during that time he has not received any of the kind of treatment that might stop on a permanent basis the symptoms in his upper back and neck. If he goes back into the environment that is controlled - the air conditioning - I'm sure he's going to have a return of symptoms. There is no question when that happens, at that

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point in time he has pain and it hurts -- there is no issue about that at all.

But whether that makes him permanently disabled, when we feel that it's a treatable condition, is kind of out of our bailiwick.

25X1A

[REDACTED] Does it tend to be a seasonal thing, then, that occurs only during the summer months? Does he work all right for say nine months, or six months, symptom free?

25X1A

[REDACTED]: There's only an association with work. At home he has no air conditioning, according to his statement.

25X1A

[REDACTED] But I don't see how you can qualify a man for disability if for six months of the year he is perfectly able to perform his duties.

MR. FISHER: I'm not sure that the time of year is very significant. They try to keep that area in which he works at the same temperature all of the time.

25X1A

Is there something about air conditioning --

[REDACTED]: It's the circulation of cold air that touches off these trigger areas in the muscle that cause muscle spasm.

25X1A

[REDACTED] You do bring up a couple of problems -- and, obviously, we can take this up after you leave, or on another day -- but it seems to me we have to decide in further discussions with the Office of Communications whether they could provide him an area to work in where he wouldn't be in air conditioning -- which may require a change in his assignment. And secondly, to somehow reconcile this expressed desire to continue working but reluctance to take the treatment which is available down there. I find this rather difficult. I'm not sure that we might not establish a new precedent by bringing him in and talking to him and as laymen trying to understand his problem.

25X1A

[REDACTED] Yes, why doesn't he want to undertake treatment.

[REDACTED] Well, apparently the operation on the lower

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vertebra was successful, so that shouldn't mitigate against or make him reluctant to take further treatment.

25X1A

[REDACTED] Is there anything seasonal about his use

of sick leave? did you notice any pattern there?

25X1A

[REDACTED] I have no record that it's seasonal.

Maybe Commo could answer that. All he attaches it to is working conditions, and they're the same the year round - there's a constant temperature.

25X1A

[REDACTED] Charlie, one more attempt to get this precisely understood in my mind. Because there are two pieces to this: one is what his condition now is and one is if he might receive treatment. Right now he has applied for disability retirement based on what his condition now is. And you could find him - if you could - temporarily or permanently disabled, either basis of which entitles him to an annuity. Now I haven't heard, I don't think, that based on his condition as it is -- Forgetting the matter of treatment. Have you found him, on the basis of his present condition, either temporarily or permanently disabled? I have heard you say he is not permanently disabled.

25X1A

[REDACTED] We have not found him permanently or temporarily disabled. We discussed the issue of recommending temporary disability. And the concern we have there is dealing with the question that you were just talking about, Harry - that is, he says he wants to work, yet he wants to retire. And my feeling and the Board's feeling was that if we gave him temporary disability the chances of him doing anything about his back are even more remote than now. Now that may be an erroneous assumption, but --

MR. FISHER: You see, there's a practical problem here. As you know, with our new Regulation if he makes 80% of what he formerly made he would lose his annuity. He only gets \$4700 as it is, and he obviously can't live on \$4700 and he's going to have to go out and work. I just wonder if he has put all of these pieces together. They are practical

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considerations. So I can see some motivation to continue working if he possibly can, which would seem to lead him to thinking that he ought to take treatments for this condition. Maybe he needs counselling here as much as anything else, if we possibly could give it to him.

I don't know, Ben, did you satisfy yourself on the

25X1A question you asked Dr. [REDACTED]

25X1A [REDACTED] Yes, he made it precise in my mind.

25X1A MR. FISHER: But you see, I suppose if the Medics stood by at [REDACTED] and after a tough day in the air conditioned environment he went to them and said - "Oh boy it hurts!" - they could say: This hour on this day he is a little too disabled to work. But then an hour later he is not disabled.

25X1A [REDACTED] Based on the precise answer that Dr.

25X1A [REDACTED] has given, I think the Board has to decide not on the question of what treatment can do for him but, rather, on what the doctors have said is his condition today without treatment. And Dr. [REDACTED] has said rather 25X1A clearly that he is not now, based on his present condition, either temporarily or permanently disabled -- and that is the recommendation of the Medical Board.

MR. FISHER: It's not unlike the case we had of the man with the rash and every time you examined him he didn't have anything, but he said: If I come back to work I'll have the rash again.

25X1A [REDACTED] Yes, we talked about that case when we considered this one.

25X1A [REDACTED] When he is sick and at home, he is probably temporarily disabled then.

25X1A [REDACTED] When he is home sick, and then the rest of the time fit for duty -- I don't know how you judge it.

25X1A [REDACTED] He is temporarily disabled that day

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but not in the retirement sense. A temporary disability is one that is expected to last for a period of time, on consecutive days.

25X1A [REDACTED]: Is there an indication he had to leave the job because of pain, or would he stick it out?

25X1A [REDACTED] The information we had from [REDACTED] was that he hadn't shown up for work.

MR. FISHER: He has been on leave without pay since June, as I understand it, and therefore he obviously has used up a good many hours of sick leave. Does he still have an accumulation of sick leave?

25X1A [REDACTED] It doesn't look like it. He couldn't have much sick leave, otherwise they wouldn't have put him on LWOP.

MR. FISHER: Does anyone have any more questions for

25X1A [REDACTED]? (No response.)

25X1A I think [REDACTED] recognizes, too, that this is not an easy case.

25X1A [REDACTED]: It's a tough one. I'd love to have a good easy answer for you.

MR. FISHER: If you start out assuming he is a man of good will you have to say that if he stayed home he didn't feel very well -- but you don't know if he stayed home because he didn't want to expose himself to this air conditioning that would make him start hurting.

I guess the best thing is to try to hear it from him.

25X1A [REDACTED] reported at our meeting that, "Subject is considered to be a part-time employee by his co-workers since he is on sick leave so often. The majority of his sick leave is taken when he is on the midnight shift. His co-workers become angry when they have to continually take his midnight shifts for him. When he does come to work he always brings some kind of heating device to keep himself warm. He was somewhat of an administrative problem when in [REDACTED] because

25X1A

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of some complaint about housing, etc." Regarding his Fitness Reports

25X1A [REDACTED] stated that since he has been at his present post at [REDACTED] 25X1A  
he has dropped from Strong to Proficient. Based on his education he is  
at a grade level with his contemporaries. If he would show up for work  
on a continual basis he would probably do well.

25X1A MR. FISHER: That was [REDACTED] input? 25X1A  
[REDACTED]: Yes.

MR. FISHER: Okay. I'd like to get somebody from  
Commo who is a little closer to him - and also the man himself - to  
come before this Board.

Thanks very much, Charlie.

25X1A

. . . [REDACTED] withdrew from  
the meeting at this point . . .

25X1A

[REDACTED] It seems to me that [REDACTED] needs 25X1A  
25X1A counselling more than anything else.

MR. [REDACTED] will probably be here  
at the next meeting. So would it be enough to have Mr. [REDACTED] - pl 25X1A

25X1A [REDACTED] himself here?

MR. FISHER: I'm not sure we shouldn't get [REDACTED] 25X1A

25X1A [REDACTED] But I'd like Commo to pick the guy that can talk best to

25X1A [REDACTED] problem. Maybe even the head of the component in which

25X1A [REDACTED] works -- or somebody like that. Does that sound all right  
with the Board members? (Board members indicated in the  
affirmative.)

25X1A MR. FISHER: Next case is [REDACTED] 25X1A

25X1A MR. [REDACTED] is standing by, in case you  
want to bring him in.

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MR. FISHER: I had no problem with [REDACTED] He is 25X1A  
almost a classic JMWAVE case - JMWAVE operations. And he's  
25X1A quoting [REDACTED] was the very first person to get  
credit for service at JMWAVE, and I'd say [REDACTED] case seems ever 25X1A

25X1C [REDACTED]

25X1A MR. [REDACTED] He needs six months -- except if he  
25X1A has that [REDACTED] time, you have to subtract that from the six months.

MR. FISHER: The [REDACTED] time probably wouldn't show. 25X1A  
But he says he needs three more months, and I just wondered how he  
figured that he needed three more months.

25X1A MR. [REDACTED] That was [REDACTED] that said 25X1A  
"...he needs credit for 3 1/2 months of domestic qualifying service to  
remain in CIARDS."

MR. FISHER: Oh, that's right - and [REDACTED] said, 25X1A  
"He has completed four years, eight months, and 17 days overseas" -  
25X1A so that is a pretty precise calculation.

[REDACTED] But that doesn't jibe with what is on the  
front page. The front page says 6 months and 6 days -- which sounds  
equally precise. But you don't have the usual sheet here, Murray.

25X1A MR. [REDACTED]: When we had it before the Board  
before, I sent him a memo saying he was six months and six days short.

MR. FISHER: Just to pursue it for the sake of  
clarity-- Because I do think that whether he needs six or three months,

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he has the qualifying service.

25X1A

MR. [REDACTED] There are two PCSes and no TDY time included. Of course the TDY time would show up in his official file.

25X1C

. . . Mr. [REDACTED] joined the meeting 25X1A  
at this point . . .

25X1A

MR. FISHER: He added a TDY of about 10 days to [REDACTED], which you don't have there. I don't know where he got his precise dates. Maybe after the fact you ought to get with Commo and clear up whether it's three and a half months. But I still say it looks awfully good to me, whether it's three months or six months he needs.

25X1A

[REDACTED] This 1964 and 1963 looks good.

MR. FISHER: It's almost the classic type we approved.

25X1A

[REDACTED] I don't have any trouble with this case. Does anybody have a problem with this? (No response.) Do I have a motion?

25X1A

[REDACTED] Move that he be credited with the domestic service to qualify for CIARDS.

. . . This motion was then passed . . .

MR. FISHER: Now we can go back to the regular agenda. Does any one have any problems with the Minutes of the 31 August meeting?

. . . These Minutes were approved . . .

25X1A

In these Minutes the [REDACTED] 5X1A

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case was a carry over to this meeting.

MR. FISHER: Mr. Osborn has given us the following memorandum, in which he confirms that this was the nature of [REDACTED] X1A duties.

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MR. FISHER: We have three employees who have completed more than 15 years of Agency service and appear to meet the criteria for designation as participants in the System: Hugh T.

Cunningham, [REDACTED] 25X1A

. . . Motion was then passed that above employees be designated as participants in CIARDS . . .

MR. FISHER: We have 32 employees who have completed more than five years of Agency service and appear to meet the criteria for designation.

. . . Motion was then passed that the 32 employees be designated as participants in the CIARDS . . .

25X1A MR. FISHER: We have two requests for involuntary retirement: [REDACTED]

. . . Motion was then passed that these requests be approved . . .

25X1A

MR. [REDACTED] I have five add-on requests for voluntary retirement: [REDACTED] 25X1A

[REDACTED] 25X1A

. . . Motion was then passed approving these requests . . .

MR. FISHER: I'd like to report that I have now sent the letter forward requesting approval to move ahead on legislation for increasing the quota. And it's interesting-- Obviously, we had some feeling of being required to explain why we missed it the last time around by as much as we did. As you will recall, we had really projected -



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I guess we were only four or five months into the second 5-year period when we said we were going to be in trouble, and our projections then

25X9 were about [REDACTED] but we rounded it off at [REDACTED] And projecting that on a year 25X9 by year basis we missed - we were 143 over at the end of the first 3 years, with two years more to go, and 90 of the 143 were involuntaries - people under 50 - which we obviously didn't contemplate at the time we did our projections -- and trying to explain the other 53, you can only say they came out of the woodwork. First of all, we did bring pressure to bear -- the CS and their panels obviously encouraged early retirements. But as we said in our letter, it's something that seems to be pervading the whole Federal Service. And we also mentioned that the Civil Service Commission projected 42 thousand retirements in June and had 80 thousand - or close to 80 thousand, and their projection was a much shorter range projection. And we pointed out that the CIA retirement age was 52.7 under CIARDS, and I don't think anyone would have guessed it would have been quite that low. So with all of this we say we need 243 more to take care of this plus the overage that we think will continue in the next two years -- and it winds up, rounding it off, instead of 243 we better get

25X9 300 -- so it's [REDACTED] now instead of the [REDACTED] Now actually we are recom- 25X9 mending that we possibly try, as a first alternate, how about dropping the quota - accelerating the end of the quota, and if they will buy that, then that is even easier.

25X1A MR. [REDACTED] What is the end now under the current legislation?

MR. FISHER: June 1974 - so, less than a year and a half away. And before we get there maybe they will just drop it rather than going through the-- It reminds me of the deficit - each year you go in and they raise it some more -- obviously they are not going to eliminate it. But for us they may say it doesn't seem way out of hand.

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But it's a horrible thought that if something happens people aren't going to be able to retire when they want to -- although it seems inconceivable that it would ever reach that point.

. . . The meeting adjourned at 2:50 p.m. . . .

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